PTO/SB/01 (12-97)

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## **Attorney Docket Number ZG144US DECLARATION FOR UTILITY OR TOBIN ALLEN KING** First Named Inventor **DESIGN COMPLETE IF KNOWN** PATENT APPLICATION (37 CFR 1.63) **Application Number** Filing Date ☑ Declaration □ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) OR Submitted Group Art Unit with Initial Filing **Examiner Name** required)

As a below named inver	As a below named inventor, I hereby declare that:								
My residence, post office	My residence, post office address, and citizenship are as stated below next to my name.								
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:									
PRINT MEDIA CARTRIDGE WITH INTEGRAL PRINT MEDIA AND INK SUPPLIES									
the specification of which (Title of the Invention) is attached hereto									
OR was filed on (MM/DD/YYYY) as United States Application Number or PCT International									
Application Number and was amended on (MM/DD/YYYY) (if applicable).									
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.									
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.									
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.									
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Co YES	py Attached? _NO				
PP7020	Australia	November 9, 1998	00						
Certified copy not enclo	ion Application of USSN								
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:									
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.									
Application Number	r(s) Filing Dat	e (MM/DD/YYYY)							
			numbe supple	onal provisiona ers are listed o emental priority SB/02B attache	n a / data sheet				

[Page 1 of 2]
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Docket No.: ZG144US

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Additional inventors are being named on the

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## a valid OMB control number. Utility or Design Patent Application DECLARATION -I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application. **Parent Patent Number** U.S. Parent Application or PCT Parent **Parent Filing Date** (if applicable) (MM/DD/YYYY) Number Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto. As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Paten and Trademark Office connected therewith: Customer Number Place Customer Number Bar Code OR Registered practitioner(s) name/registration number listed below Registration Registration Name Number Name Number Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto Direct all correspondence to: X Customer Number OR Correspondence address below 24011 or Bar Code Label Kia Silverbrook Name Silverbrook Research Pty Ltd Address 393 Darling Street Address 2041 NSW Balmain State | ZIP City Telephone 61-2-9818-6633 61-2-9818-6711 Fax Australia Country I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. A petition has been filed for this unsigned inventor Name of Sole or First Inventor: Given Name (first and middle [if any]) Family Name or Surname KING **TOBIN ALLEN** Aug 26, Inventor's Date <u>2003</u> Signature Australian Balmain NSW Australia Country Citizenship Residence: City 393 Darling Street **Post Office Address Post Office Address** NSW Australia Balmain 2041 Country City

supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

## **ZG144US**

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## **DECLARATION**

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1\_\_ of \_\_1

Name of Additional Joint Inventor, if an	☐ A petition has been filed for this unsigned inventor							
Given Name (first and middle [if any])	·		Family Na	me or S	umame			
SILVERBROOK			KIA					
Inventor's Signature					Date August 26, 2003			
Residence: City Balmain	State NSW	Country Australia			Citizenship Australian			
Mailing Address 393 Darling Street								
Mailing Address								
City Balmain	State NSW		ZIP 2041	Country Australia				
Name of Additional Joint Inventor, if an	y:		A petition has been file	ed for thi	s unsigned inventor			
Given Name (first and middle [if any])		Family Name or Surname						
Inventor' s Signature			Date					
Residence: City	State	Country			Citizenship			
Mailing Address				<del>_</del> .				
Mailing Address								
City	State		ZIP	Country				
Name of Additional Joint Inventor, if any:    A petition has been filed for this unsigned inventor								
Given Name (first and middle [if any])			Family Name or Surname					
Inventor's Signature				Date				
Residence: City	State		Country		Citizenship			
Mailing Address								
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City	State		ZIP	Co	ountry			

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